Under the P	aperwork Red	uction Act o	f 1995, no per	Sons are required to	lo respond	U.S. Palen	App Land Traden	proved for us	e through:	7/31/2006 PTMENT	TO/SB/06 (0) 5. OMB 0651
	PAICHI	APPLIC	ATION F	EE DETERM	INATIC	N RECO	n of informati	ion unless il	displays a	valid OM	B control nu
				0.10111110-07	5		_		oplication o	Dockel	Number
	CL	MMS AS	FILED - P.	ARTI						2/	4/0
		(Colui	mn 1)	(Column	2)	SMA	ALL ENTIT	· ·	<b>\</b>	ОТН	ER THAN
FOR BASIC FEE		NUMBER FILED		NUMBER EXTRA				· (	)R 	SMALL ENTITY	
(37 CFR 1.16(a))				MOMBER EXTRA		RATE	FE	E		DATE	1
TOTAL CLAIMS (37 CFR 1.16(c))							5			RATE	FEE
INDEPENDENT	21 01110		ninus 20 =	•		x s			R		\$
(37 CFR 1.16(b))		n	inus 3 =				-	OI	R X S	=======================================	
MULTIPLE DEPE	NDENT CLAIM	PRESENT	(22.00-			X \$	=	OF	x s	=	
			(37 CFR			+ s	=		<del></del>		
* If the difference	in column 1 is	less than ze	ero, enter "0" i	n column 2.		707		OR	+ 5_	=======================================	
1	CLAIMS A					TOTAL		OR	ТО	TAL	
4-15		~ > ((V)[	JEU - PAF	KT II							
137	(Column	1)	(Col	umn 2) (Colum	n 3)						
E4/ /	CLAIN REMAIN		HIGH	HEST		· SMALL	ENTITY	OR	9	OTHER MALL E	THAN
12/0S	AFTE	₹	PREVI	BER PRESE		RATE	ADDI-		1		141114
Votal (37 CFR 1.16(c))	AMENDM	Min	PAID	FOR .			TIONAL	1	RAT	E	ADDI- TIONAL
Z Independent	1. 7		_   3	0	71	x \$ 25 =	FEE	-	<b> </b>		FEE
(37 CFR 1.16(b))	12	Mino	is	2	7 [		<del> </del>	OR	x s 50	2=	
FIRST PRESENT	TATION OF MUL	TIPLE DEPE	VIDENT OF ALL		-11-	x \$/00 =		OR	x s 20	)-	
			TOENT CLAIM	(37 CFR 1.16(d))		+ \$180=		7 .		=	
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	(Column 1)		(Colum	in 2) (Cal		OD'L FEE		OR	ADD L FE	E	
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	AFTER AMENDMEN	- 1	PREVIOU	SLY FXTRA		RATE	ADDI-	Г		7	
Total (37 CFR 1,16(c))	·	Minus	PAID FO	R		- 1	TIONAL FEE		RATE		ADDI: IONAL
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Total (37 CFR 1.16(c)) Independent (37 CFR 1.16(b))		Minus		=				OR :	cs <u>50</u> =		7
FIRST PRESENTAT	TON OF MULTIF	LE DEPENDE	NT CLAIM (2	7.050	1   × 1	100=		OR >	· 200		
			- 55 AM (3	/ CFK 1.16(d))		180=	- 1		360.	+	
						TAL D'L FEE		7	OTAL OTAL	+	
	(Column 1)	<b></b>	(Column 2	(Column 3)	50			OR A	DD'L FEE		
R	CLAIMS REMAINING		HIGHEST	(55,000,000)		<del></del>				***************************************	
	AFTER MENDMENT		NUMBER PREVIOUSL	PRESENT Y EXTRA	R	ATE ,	ADDI-		0.	T	
Total			PAID FOR			T	IONAL FEE	- 1	RATE	AD. TION	
Independent				=	x . ;	25 =		<b> </b>		FE	E
(37 CFR 1.16(b))			••	=				OR X \$	<u>50</u> =		1
FIRST PRESENTATION	OF MULTIPLE	DEPENDENT	CLAIM 127 -		× \$ /6	00=		OR X \$	200		
			ССАІМ (37 С	FR 1.16(d))	+ 5/8	30=	7				
If the entry in column	1 is loss #	44		-	TOTAL		———————————————————————————————————————	TOT.	360	<del></del>	
If the entry in column If the "Highest Number Number If the "Highest Number If the "Highest Number Number If the "Highest Number Number Number If the "Highest Number	er Previously P	the entry in a	column 2, wri	le "0" in column 3.	ADD'L	ree [			L FEE		1
				is less than 20, ent is less than 3, enter ent) is the highest					-		

The \*Highest Number Previously Paid For\* (Total or Independent) is the highest number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.